

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000113398

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA INDUSTRIES, INC.

**Current Principal Place of Business:**

6713 BEALGRAY ROAD  
KANNAPOLIS, NC 28081

**New Principal Place of Business:**

**Current Mailing Address:**

6713 BEALGRAY ROAD  
KANNAPOLIS, NC 28081

**New Mailing Address:**

**FEI Number:** 20-1458396

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MONDA, KRISTINE  
5 CLEARWATER COURT  
TAYLORS, FL 29687 US

**Name and Address of New Registered Agent:**

MONDA, KRISTINE  
525 OTTER RUN DRIVE  
LAKE WYLIE, FL 29710 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/29/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: NASH, SUSAN  
Address: 6713 BEALGRAY RD  
City-St-Zip: KANNAPOLIS, NC 28081

Title: S  
Name: MONDA, KRISTINE  
Address: 525 OTTER RUN DRIVE  
City-St-Zip: LAKE WYLIE, SC 29710

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINE MONDA

S

04/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date